



CO	MBINED DECLARATION I	OR PA	TENT APPLICATION A	ND POWER OF	ATTORNEY	PB1517USW			
As below named inventor. I hereby declare that:									
	My residence, post office address and citizenship are as stated below next to my name.								
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
	CHLOROPYRIMIDINE INTERMEDIATES								
	the specification of which (check only one item below):								
	[] is attached hereto.	[] is attached hereto.							
	[] was filed as United S	[] was filed as United States application Serial Noon							
	and was amended on	and was amended on							
[X] was filed as PCT international application Number PCT/GB95/00225 on 03 February 199									
and was amended under PCT Article 19 on(if applicable).									
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).								
	I hereby claim foreign priority benefits under Title 35, United States Code. §119 of any foreign applications(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:								
PR	IOR FOREIGN/PCT APPLI	CATIO	N(S) AND ANY PRIORIT	TY CLAIMS UNI	DER 35 U.S.C. 1	19:			
	COUNTRY (if PCT indicate PCT)	CT indicate PCT) (day, month, year)		th, year)	PRIORITY CLAIMED UNDER 35 USC 119				
1.	GB		9402161.5	04 Febru					
2.	PCT	_	GB95/00225	03 Febru	ary 1995				
3.									
4.									
5.	REIGN FILING LICENSE I	NEODN	TATION			<u> </u>			
FU	Foreign Filing License No.			Date of Grant		JSPTO No.			
1.			Date of Ore						
2.									
									





COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

ATTORNEY'S DOCKET NUMBER
PB1517USW

Direct Tolonhone Colle to:

(Continued - Includes References to PCT International Applications)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

UNDER 33 0.3.C. 120.	U.S. APPLICATIONS	STATUS (Check one)			
U.S. APPLICATION NU		U.S. FILING DATE	PATENTED	PENDING	ABANDONED
					<u> </u>
PCT APPLI	CATIONS DESIGNATIN	IG THE U.S.			
PCT APPLICATION NO.	PCT FILING DATE	U.S.FILING NUMBERS ASSIGNED (if any)			
GB95/00225	03 February 1995			X	
					

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy

Registration No. 27655

Charles E. Dadswell

Registration No. 35,851

James P. Riek

Registration No. 39,009

Frank P. Grassler

Registration No. 31,164

Robert H. Brink

Registration No. 36,094

Karen L. Prus

Registration No. 39,337

Robert T. Hrubiec

Registration No. 36,392

	Send Correspon	dence to:		Direct Telephone Calls to:
	David J. Levy, F	(Name and telephone number) Karen L. Prus		
	Glaxo Wellcome	919-483-2192		
	Research Trians	gle Park, NC 27709		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DALUGE	Susan	Mary
	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Chapel Hill	NC	STATE & ZIP CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS	CITY	
1	ADDRESS	% Glaxo Wellcome Inc.	Research Triangle Park	NC 27709, US
		Five Moore Drive		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	FUGETT	Michelle	Joanne
_	RESIDENCE &	СПҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Durham	NC	US
	Doom Oppion	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
•	POST OFFICE	% Glaxo Wellcome Inc.	Research Triangle Park	NC 27709, US
2	ADDRESS		Account on a single	
		Five Moore Drive	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME	Michael	Tolar
2	OF INVENTOR	MARTIN	,	
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Durham	NC	US
U	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	% Glaxo Wellcome Inc.	Research Triangle Park	NC 27709, US
.,	ABBRESO	Five Moore Drive		





COMB	INED DECLAR	ATION FOR PA	TENT APPLICA	ATION AND POWER (OF ATTORNEY	PB1517USW	
(Contin	ued - Includes Re	ferences to PCT In	ternational Appl	ications)			
		FAMILY NAME		FIRST GIVEN NAME	SECON	D GIVEN NAME/INITIAL	
	FULL NAME	FAMILY NAME		TRSI GIVEN IVANE			
2	OF INVENTOR	CITY		STATE OR FOREIGN COUNTRY	COUNT	COUNTRY OF CITIZENSHIP	
	RESIDENCE &	City		SIXIE SK TOKEISK SSS			
0	CITIZENSHIP	POST OFFICE ADDRESS		CITY	STATE	STATE & ZIP CODE/COUNTRY	
	POST OFFICE	POST OFFICE ADDRESS		Cir.			
4	ADDRESS			FIRST GIVEN NAME	SECON	D GIVEN NAME/INITIAL	
	FULL NAME	FAMILY NAME		FIRST GIVEN WARE			
2	OF INVENTOR			STATE OR FOREIGN COUNTRY	COUNT	COUNTRY OF CITIZENSHIP	
1	RESIDENCE &	CITY		STATE OR TOREIGN COOKING			
0	CITIZENSHIP		· · · · · · · · · · · · · · · · · · ·	1	STATE	STATE & ZIP CODE/COUNTRY	
İ	POST OFFICE	POST OFFICE ADDRESS		СПҮ	SIAIC	3.7.7.2.42.1. 0000000	
5	ADDRESS				00001	SECOND GIVEN NAME/INITIAL	
	FULL NAME	FAMILY NAME		FIRST GIVEN NAME	SECON	SECOND GIVEN NAME INITIAL	
2	OF INVENTOR					COUNTRY OF CITIZENSHIP	
	RESIDENCE &	CITY		STATE OR FOREIGN COUNTRY			
0	CITIZENSHIP					& ZIP CODE/COUNTRY	
	POST OFFICE	POST OFFICE ADDRESS		СПҮ	SIALE	& ZIP CODE COONTRY	
6	ADDRESS			<u> </u>			
	information and	I belief are believed tements and the lik I States Code, and	d to be true; and f	my own knowledge are to further that these stateme inishable by fine or imprigalse statements may jeop	nts were made will sonment, or both, pardize the validit	under section 1001 of Title y of the application or any	
Signature of	Inventor 201	10 1	Signature of Inventor 202		Signature of Inventor 2	9	
Susan Mary & bluge 1			Muchollos	J. Augott	Mul	TONNINO	
Date 13 1996			Date (6/13)/9(0		Date 6/13	6/13/46	
Signature of Inventor 204			Signature of Inventor 205		Signature of Inventor	06	
			Date		Date		